

INTAKE FORM – Family Law

Atty: _____

Full Name: _____ Date: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Tel# Home: _____ Work: _____ Cell/Pager: _____

E-mail: _____ Fax: _____

State of Residence: _____ How Long? _____ Military? No / Yes / Retired

Employer: _____ Gross monthly income: \$ _____

Unless you say otherwise, we assume that we can contact you via telephone, fax, mail, or e-mail. Please let us know if there are any restrictions on contacting you, sending sensitive information, or leaving messages (examples– you work odd hours, or are concerned a third party may intercept communications):

Please summarize your legal situation: _____

How do you wish to pay for your consultation? Cash Check / Money Order

(Credit card information not needed if card is physically present to be scanned)

Visa / Master Card Discover Card# _____

Expires: _____ Name on Card: _____

Billing Street Address: _____ Zip: _____

CVC2 Number: _____ (the last three digits from number stamped on back of card)

How did you hear about us?

_____ **Yellow Pages** (Circle one: Dex Yellow Pages / Yellow Book Yellow Pages)

_____ **Bar Association Referral Service**

_____ **Referral** (Please indicate who referred you: _____)

_____ **Web Site** (Circle one: Yahoo / Google / MSN / AOL / Other)

_____ **Other** (Please specify: _____)

Other Party's Information: Full Name: _____

Date of Birth _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Tel# Home: _____ Work: _____ Cell/Pager: _____

State of Residence: _____ How Long? _____ Military? No / Yes / Retired

Employer: _____ Gross monthly income: \$ _____

If you plan to file the initial divorce/paternity proceedings, provide details about the other party, such as description, make/color of vehicle, and the best time to find him/her:

<u>Children under 19:</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Living With?</u>
_____ M / F	_____	_____	Mother/ Father/ Other
_____ M / F	_____	_____	Mother/ Father/ Other
_____ M / F	_____	_____	Mother/ Father/ Other
_____ M / F	_____	_____	Mother/ Father/ Other
_____ M / F	_____	_____	Mother/ Father/ Other

Other places children have lived in past 5 years: _____

Any past or current custody actions involving children? No / Yes (Explain on back)

Have you or the children received public assistance in last 5 years? No / Yes (Explain on back)

Does either party have a restraining order against the other? No / Yes (Explain on back)

Have any agreements been reached so far? No / Yes (Explain on back)

Marriage: *(Do not fill out if your case is a post-dissolution or paternity matter)*

Date of Marriage: _____ County/State: _____

Date of Separation: _____ Is the Wife pregnant? No / Yes

Wife's prior name: _____ Does she want it restored? No / Yes / Unknown

This consultation is for the purposes of discussing your case and providing legal advice only.

Until you and the attorney sign an agreement and you pay the retainer, the attorney is unable to represent you at any upcoming court proceedings.